

Foster Family Home - Deficiency Report

Provider ID: 1-210066

Home Name: Renelyn Diane Agonoy, NA

Review ID: 1-210066-1

94-942 Kuhaulua Street

Reviewer: David Ayling

Waipahu

HI

96797

Begin Date: 9/22/2021

Foster Family Home

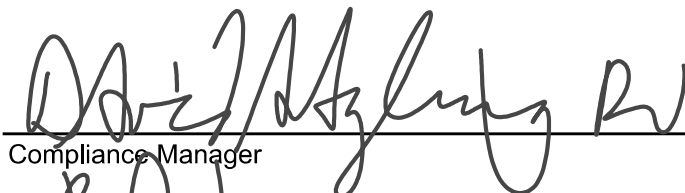
Required Certificate


[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) - Home inspection for a new 2 person CCFFH certification. All requirements were met at the time of inspection. Home will receive a 2 bed certification.


Compliance Manager


Primary Care Giver

9/22/2021
Date

9/22/2021
Date